

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 091926460		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51			
2		1		1		52			
3		2		2		53			
4		1		2		54			
5		1		1		55			
6		1		1		56			
7		1		1		57			
8		1		1		58			
9	1	1				59			
10						60			
11						61			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.		2				TOTAL IND.			
TOTAL DEP.		9				TOTAL DEP.			
TOTAL CLAIMS		11				TOTAL CLAIMS			